



Plymouth Housing Commission

1160 Sheridan
Plymouth, Michigan 48170
(734)455-3670
FAX (734)455-2429

FAMILY REQUEST FOR PORTABILITY

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Name (print)_____

Current Address:_____

City/State/Zip:_____

Phone #_____ Cell #_____

Date you intend to vacate current unit:_____

Are you current on your: Rent_____ Water Bill_____

HOUSING INFORMATION YOU WILL BE PORTING TO

Name of Housing Authority/Commission:_____

Address:_____

City/State/Zip:_____

Phone:_____ Fax:_____

Contact Name:_____

Return completed form to: Plymouth Housing Commission
1160 Sheridan
Plymouth, MI 48170

Signature:_____ Date:_____